

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2013

through

M M M / D D D / Y Y Y Y Y Y
02 28 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 19 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
02 / 28 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		402087.22
(b) Cash on Hand at Beginning of Reporting Period.....	417799.68	
(c) Total Receipts (from Line 19)	62770.49	79345.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	480570.17	481433.21
7. Total Disbursements (from Line 31)	93512.18	94375.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	387057.99	387057.99
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 02 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 02 / 28 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

43719.54

53472.87

(ii) Unitemized

18646.14

24929.64

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

62365.68

78402.51

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

62365.68

78402.51

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

404.81

943.48

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

62770.49

79345.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

62770.49

79345.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	392.18	656.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	392.18	656.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93000.00	93000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	120.00	718.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	120.00	718.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	93512.18	94375.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93512.18	94375.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	62365.68	78402.51
34. Total Contribution Refunds (from Line 28(d))	120.00	718.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62245.68	77684.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	392.18	656.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	404.81	943.48
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-12.63	-286.59

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: F3XA
Transaction ID :

Amended to reflect changes in amended prior reports

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Douglas Aldstadt MD

Mailing Address 4202 Southridge Ct
Ste 300

City State Zip Code
Englewood OH 45322-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2013

Transaction ID : C1976071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald W Allen MD

Mailing Address PO Box 865
830 East 1120 South

City State Zip Code
Coalville UT 84017-0865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C1922142

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Brian L Bachelder MD

Mailing Address 5151 TR 126

City State Zip Code
Mount Gilead OH 43338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Akron General Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2013

Transaction ID : C1975662

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1215.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gordon Hugh Baustian MD

Mailing Address 3864 Lost Valley Rd SE

City

Cedar Rapids

State

IA

Zip Code

52403-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCHSI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C1922235

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Luis Manuel Benavides MD

Mailing Address 506 Gale St

City

Laredo

State

TX

Zip Code

78041-6003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2013

Transaction ID : C1920485

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kenneth Robert Bertka MD

Mailing Address 8533 Castle Oaks Pl

City

Holland

State

OH

Zip Code

43528-9231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health Partners

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1918870

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wendy S Biggs MD

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2680

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 23 / 2013

Transaction ID : C1976110

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jennifer L Brull MD

Mailing Address PO Box 147

3000 US HWY 183

City

Plainville

State

KS

Zip Code

67663-0147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2013

Transaction ID : C1924447

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey J Cain MD

Mailing Address 341 S High St

City

Denver

State

CO

Zip Code

80209-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C1922351

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey J Cain MD

Mailing Address 341 S High St

City

Denver

State

CO

Zip Code

80209-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 15 / 2013

Transaction ID : C1924433

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Domenic Wm Casablanca MD

Mailing Address 4 Corporate Dr Ste 195

City

Shelton

State

CT

Zip Code

06484-6240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 15 / 2013

Transaction ID : C1924428

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Charles E Christianson MD

Mailing Address 3701 15th Ave S

City

Grand Forks

State

ND

Zip Code

58203-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Dakota

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922157

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 NE 10th St

OU Physicians Family Medicine Cent

City State Zip Code
 Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.54

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 03 / 2013

Transaction ID : C1920598

Amount of Each Receipt this Period

454.54

Full Name (Last, First, Middle Initial)

B. Patricia A Czapp MD

Mailing Address 102 Melvin Ave

City State Zip Code
 Annapolis MD 21401-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anne Arundel Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 21 / 2013

Transaction ID : C1975668

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. R Wesley Dean Jr

Mailing Address 201 E Emory Rd

City State Zip Code
 Powell TN 37849-4016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 11 / 2013

Transaction ID : C1922424

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1184.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason B Dees MD

Mailing Address 620 W Longview Dr

City

New Albany

State

MS

Zip Code

38652-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Magnolia Health Plan

Occupation

Chief Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922247

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Daniel J Derksen MD

Mailing Address 306 Big Horn Ridge PI NE

City

Albuquerque

State

NM

Zip Code

87122-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Arizona

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 20 / 2013

Transaction ID : C1975538

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gretchen M Dickson MD

Mailing Address 2227 N Stoneybrook Ct

City

Wichita

State

KS

Zip Code

67226-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Kansas School of Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 15 / 2013

Transaction ID : C1924445

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara J Doty MD

Mailing Address 2250 S Woodworth Loop
Ste 100

City State Zip Code
Palmer AK 99645-7457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Matanuska Health care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2013

Transaction ID : C1922296

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Heidi Miller Duncan MD

Mailing Address 2711 Gregory Dr N

City State Zip Code
Billings MT 59102-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Billings Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2013

Transaction ID : C1924802

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City State Zip Code
York PA 17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Health Institute

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2013

Transaction ID : C1920550

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia Fontaine MD

Mailing Address 1100 Angelo Dr

City

Golden Valley

State

MN

Zip Code

55422-4708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Partners Research Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 18 / 2013

Transaction ID : C1924805

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patricia Fontaine MD

Mailing Address 1100 Angelo Dr

City

Golden Valley

State

MN

Zip Code

55422-4708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Partners Research Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 21 / 2013

Transaction ID : C1975955

Amount of Each Receipt this Period

265.00

Full Name (Last, First, Middle Initial)

C. Corrine M Ganske MD

Mailing Address 840 E University Ave

City

Des Moines

State

IA

Zip Code

50316-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Health Des Moines

Occupation

Residency Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2013

Transaction ID : C1976069

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daron W Gersch MD

Mailing Address 310 Golfview Dr

City State Zip Code
 Albany MN 56307-9315

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Albany Area Hospital & Med. Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 20 / 2013

Transaction ID : C1975617

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Vito Grasso CAE

Mailing Address 260 Osborne Rd

City State Zip Code
 Albany NY 12211-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NYSAFP

Occupation
 Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 20 / 2013

Transaction ID : C1975530

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bob Arvid Grubbs MD

Mailing Address 9817 Farmington Rd

City State Zip Code
 Tuscaloosa AL 35405-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University Family Practice P.C.

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : C1919548

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas J Gruenbacher MD

Mailing Address PO BOX 510

PO Box 510

City

State

Zip Code

Quinter

KS

67752-0510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bluestem Medical, LLP

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2013

Transaction ID : C1920491

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David J Hagan MD

Mailing Address 410 Meadow Rue Dr

City

State

Zip Code

Gibson City

IL

60936-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gibson City Clinic

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2013

Transaction ID : C1922339

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mary Nolan Hall MD

Mailing Address PO BOX 32861

City

State

Zip Code

Charlotte

NC

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Carolina Healthcare System

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2013

Transaction ID : C1975529

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clare Arnot Hawkins MD

Mailing Address 6121 Annapolis St

City

Houston

State

TX

Zip Code

77005-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer

San Jacinto Methodist Education Founda

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 21 / 2013

Transaction ID : C1975663

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Douglas E Henley MD

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2680

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Academy of Family Physicians

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1920522

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Thomas Lynn Hicks MD

Mailing Address 3258 N Monroe St

City

Tallahassee

State

FL

Zip Code

32303-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patients First

Occupation

Medical Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 11 / 2013

Transaction ID : C1924426

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas C Hines MD

Mailing Address 10 Whittemore St

City

Arlington

State

MA

Zip Code

02474-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2013

Transaction ID : C1920496

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David J Hoelting MD

Mailing Address 813 Lloyd St

City

Pender

State

NE

Zip Code

68047-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pender Medical Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : C1924444

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jeffrey J Hoffmann DO

Mailing Address PO BOX 370

City

Guttenberg

State

IA

Zip Code

52052-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cornerstone Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2013

Transaction ID : C1924804

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard W Honke MD

Mailing Address 401 W Glynn Dr

City

Parkston

State

SD

Zip Code

57366-9605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera St Benedict CRHC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : C1976061

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Samuel M Jones MD

Mailing Address 10145 Community Ln

City

Fairfax Station

State

VA

Zip Code

22039-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer

VCU-Fairfax Family Practice Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : C1922187

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Rick Kellerman Md Kellerman MD

Mailing Address 521 N Armour St

City

Wichita

State

KS

Zip Code

67206-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas University School of Medicine-W

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : C1922189

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1765.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bradon Y Kimura MD

Mailing Address 81-937 Halekii St
PO Box 497

City Kealahou State HI Zip Code 96750-8182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : C1975616

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

B. Susan Karen Kinast-Porter MD

Mailing Address 2302 11th St

City Monroe State WI Zip Code 53566-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mercy Health System

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1918855

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Darrel King MD

Mailing Address 270 E Court Ave
Ste B

City Selmer State TN Zip Code 38375-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Primecare Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2013

Transaction ID : C1918872

Amount of Each Receipt this Period

250.00

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1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah Ann Kullerd MD

Mailing Address 21855 Ingileif Ln
154

City State Zip Code
Nemo SD 57759-7641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919541

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Kaparaboyana Ashok Kumar MD

Mailing Address 18718 Needle Rock

City State Zip Code
San Antonio TX 78258-4638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UT Health Science Center @SA

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2013

Transaction ID : C1975672

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Lucius Marion Lampton MD

Mailing Address 111 Magnolia St

City State Zip Code
Magnolia MS 39652-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Magnolia Clinic

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : C2294045

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Alan Lazar MD

Mailing Address G3230 Beecher Rd
Ste 1

City State Zip Code
Flint MI 48532-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLaren

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : C1924436

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Robert A Lee MD

Mailing Address 9116 Hammontree Dr

City State Zip Code
Urbandale IA 50322-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee and Ruisch

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919561

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Robyn A Liu MD

Mailing Address 1604 SE Stark St

City State Zip Code
Portland OR 97214-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health & Science University

Occupation

Assistant Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2013

Transaction ID : C1920505

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rodney D Logan MD

Mailing Address 6281 Chamberlain Rd

City State Zip Code
 Silver Springs NY 14530-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Letchworth Family Medicine

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : C1922191

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Michael L Madden MD

Mailing Address 4907 Windermere Blvd

City State Zip Code
 Alexandria LA 71303-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer
 L.S. U. HSC

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : C1922192

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Elizabeth R McClard MD

Mailing Address 346 Madison St

City State Zip Code
 Denver CO 80206-4437

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : C1976064

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1020.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Lee Mills MD

Mailing Address 720 Medical Center Dr

City

Newton

State

KS

Zip Code

67114-8778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Via Christi Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2013

Transaction ID : C1922281

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Anne M Montgomery MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2013

Transaction ID : C1976124

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Charles E Nelson MD

Mailing Address N4781 Julie Ann Dr
1910 Alabama St

City

Spooner

State

WI

Zip Code

54801-8645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : C1920512

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. R W Nicholson MD

Mailing Address 801 Cobblestone Dr

City

Evansville

State

IN

Zip Code

47715-4288

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderburgh County Health Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2013

Transaction ID : C1922154

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sarah Catherine Nosal MD

Mailing Address 40 E 9th St

City

New York

State

NY

Zip Code

10003-6421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Institute for Family Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : C1975661

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. David T O'Gurek MD

Mailing Address 440 W Iron St

City

Summit Hill

State

PA

Zip Code

18250-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster General

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : C1975671

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cheri L Olson MD

Mailing Address 815 10th St S

City
La Crosse

State
WI

Zip Code
54601-4764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919540

Amount of Each Receipt this Period

740.00

Full Name (Last, First, Middle Initial)

B. Javette C Orgain MD

Mailing Address PO Box 806527

City
Chicago

State
IL

Zip Code
60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF
MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2013

Transaction ID : C1977980

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Brian Robert Pentt MD

Mailing Address 309 Allston St
Apt 6

City
Brighton

State
MA

Zip Code
02135-7629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2013

Transaction ID : C1975613

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 49
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bryan Anthony Picou MD

Mailing Address 1029 Keyser Ave Ste G

A

City

Natchitoches

State

LA

Zip Code

71457-6215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Natchitoches Medical Clinic

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : C1922201

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Marguerite B Picou MD

Mailing Address 1029 Keyser Ave

Ste G

City

Natchitoches

State

LA

Zip Code

71457-6215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : C1922203

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Marc D Price Price

Mailing Address 2388 Route 9

Ste 200

City

Mechanicville

State

NY

Zip Code

12118-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2013

Transaction ID : C1975532

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. William E Raduege MD

Mailing Address PO Box 553

City

Woodruff

State

WI

Zip Code

54568-0553

FEC ID number of contributing
federal political committee.

C

Name of Employer

William E Raduege, MD, SC (Corporation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919542

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Janice Eileen Ragland MD

Mailing Address 13011 Monroe Manor Dr

City

Herndon

State

VA

Zip Code

20171-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Herdon Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C192227

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Keith M Ratcliff MD

Mailing Address 864 Kleekamp Ln

City

Washington

State

MO

Zip Code

63090-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patients First Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C1922207

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1370.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David C Rau MD

Mailing Address 4232 N Riverside Dr

City
Columbus

State
IN

Zip Code
47203-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rau Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : C1976058

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Jo Marie R Reilly MD

Mailing Address 1975 Zonal Ave

City
Los Angeles

State
CA

Zip Code
90089-5648

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSAM

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2013

Transaction ID : C1975957

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Robert E Reneker MD

Mailing Address 2652 Gullmont Dr SW

City
Wyoming

State
MI

Zip Code
49418-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Mary's/Advantage Health Medical Gro

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : C1922248

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen D Richards DO

Mailing Address 404 E Kennedy St

City

Algona

State

IA

Zip Code

50511-3448

FEC ID number of contributing
federal political committee.

C

Name of Employer

N. Iowa Health System/SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922242

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State University BSM

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

02 / 10 / 2013

Transaction ID : C1924800

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Shirley Uhl Salvatore MD

Mailing Address 10 Hastings Ct

City

Pueblo

State

CO

Zip Code

81001-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Centura Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922228

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Madalyn Schaeffgen MD

Mailing Address 1025 Newgate Dr

City

Allentown

State

PA

Zip Code

18103-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lehigh Valley Physician Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2013

Transaction ID : C1922297

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Alan I Schwartzstein MD

Mailing Address 929 Harding St

City

Oregon

State

WI

Zip Code

53575-2881

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dean Health System

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : C1975667

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Patricia Ann Sereno MD

Mailing Address 10 Morgan Ave

City

Stoneham

State

MA

Zip Code

02180-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hallmark Health

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : C1975664

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1230.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Wm Shannon MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizons Diagnostics

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919556

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

B. Gil Solomon MD

Mailing Address 24508 Indian Hill Ln

City

West Hills

State

CA

Zip Code

91307-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anthem Blue Cross

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1919550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel R Spogen MD

Mailing Address Brigham Building MS 316

City

Reno

State

NV

Zip Code

89557-0046

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nevada

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2013

Transaction ID : C1922284

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory J Steinmetz MD

Mailing Address 150 Bluff Ave

City

Cranston

State

RI

Zip Code

02905-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

APCM

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922214

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Kenton I Voorhees MD

Mailing Address 7953 S Franklin Ct

City

Centennial

State

CO

Zip Code

80122-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado School of Medic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

02 / 01 / 2013

Transaction ID : C1918857

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

c. Robert L Wergin MD

Mailing Address 10500 W A St

City

Lincoln

State

NE

Zip Code

68532-9183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Health Care Systems

Occupation

Physicians

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 08 / 2013

Transaction ID : C1922267

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1670.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randell K Wexler MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : C1977928

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2013

Transaction ID : C1920769

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jason Wickersham MD

Mailing Address 401 W Glynn Dr

City

Parkston

State

SD

Zip Code

57366-9605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera St Benedict

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : C1920524

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie Kristin Wood MD

Mailing Address 5305 NE Rainbow Cir

City

Lees Summit

State

MO

Zip Code

64064-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Academy of Family Physicians

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	3

Transaction ID : C1920622

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David P Wright MD

Mailing Address 1313 Red River St Ste 100

City

Austin

State

TX

Zip Code

78701-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seton Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	3

Transaction ID : C1922217

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

c. Herbert Foreman Young MD

Mailing Address 10313 Cherokee Ln

City

Leawood

State

KS

Zip Code

66206-2510

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	3

Transaction ID : C1922015

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1235.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 49
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Victor Zimmer MD

Mailing Address 2000 Ridge Cir

City
Kodiak

State
AK

Zip Code
99615-7234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kodiak Community Health Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2013

Transaction ID : C1924803

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

43719.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 49
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
 Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 06 2013

Transaction ID : C1920788

Amount of Each Receipt this Period

264.71

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

264.71

264.71

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '02'. The second display is labeled 'D D' and shows the number '04'. The third display is labeled 'Y Y Y Y' and shows the year '2013'.

Category/
Type

32.50

Category/
Type

29.25

Category/
Type

Category	Percentage
Do not use the Internet	18.02

79.77

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 49

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 02 / 12 / 2013

Transaction ID : D140559

Amount of Each Disbursement this Period

182.00

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 02 / 13 / 2013

Transaction ID : D140560

Amount of Each Disbursement this Period

16.25

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : D140561

Amount of Each Disbursement this Period

19.18

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

217.43

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

4.88

MM / DD / YYYY

72.48

17.62

94.98

392.18

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. DONNA CHRISTENSEN CAMPAIGN

Mailing Address PO Box 5197

City	State	Zip Code
St. Croix	VI	00823

Purpose of Disbursement
Campaign contribution

Candidate Name

Del. Donna M.C. Christensen

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: VI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : D140483

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign CommitteeMailing Address 430 S Capitol St SE
FI 2

City	State	Zip Code
Washington	DC	20003-4024

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	---	--

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : D140484

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Eric Cantor

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : D140486

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. GLACIER PACMailing Address 236 Massachusetts Avenue NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140493

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143462

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140489

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEEMailing Address 607 14th St NW
Ste 800

City Washington State DC Zip Code 20005-2005

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Transaction ID : D140488

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Ami BeraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Transaction ID : D140495

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ANDY HARRIS FOR CONGRESS

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Andy HarrisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2013

Transaction ID : D143461

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESSMailing Address 20 F St NW
Ste 500

City Washington State DC Zip Code 20001-6703

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Dave CampOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Transaction ID : D143465

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield Street

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Ed PerlmutterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Transaction ID : D143480

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Eric CantorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : D140485

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143464

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address 104 Hume Ave

City	State	Zip Code
Alexandria	VA	22301-1015

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Fred Upton

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143463

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BILIRAKIS FOR CONGRESS

Mailing Address PO BOX 606

City	State	Zip Code
TARPON SPRINGS	FL	34688

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Gus Bilirakis

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143466

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City	State	Zip Code
COLUMBIA	SC	29211

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. James E. ClyburnOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140494

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Joe HeckOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140491

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kevin BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140490

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Michael C. BurgessOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : D140496

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City	State	Zip Code
TAYLORVILLE	IL	62568

Purpose of Disbursement
Campain contribution to retire 2012 general election debt

Candidate Name

Rep. Rodney DavisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : D140482

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Max BaucusOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Transaction ID : D140492

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 49

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Michael B. Enzi

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WY	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : D143467

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address PO Box 11586

City	State	Zip Code
Washington	DC	20008-0786

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : D140487

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

93000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	50

State: District:

MM / DD / YYYY

Age Group	Percentage
18-24	10.00
25-34	12.00
35-44	15.00
45-54	18.00
55-64	16.00
65-74	14.00
75-84	12.00
85+	10.00

State: District:

02 / 06 / 2013

50.00

State: District:

120.00

score	frequency
0.00	1
10.00	1
20.00	1
30.00	1
40.00	1
50.00	1
60.00	1
70.00	1
80.00	1
90.00	1
100.00	1
110.00	1
120.00	10